



AIR WAR COLLEGE

9

RESEARCH REPORT

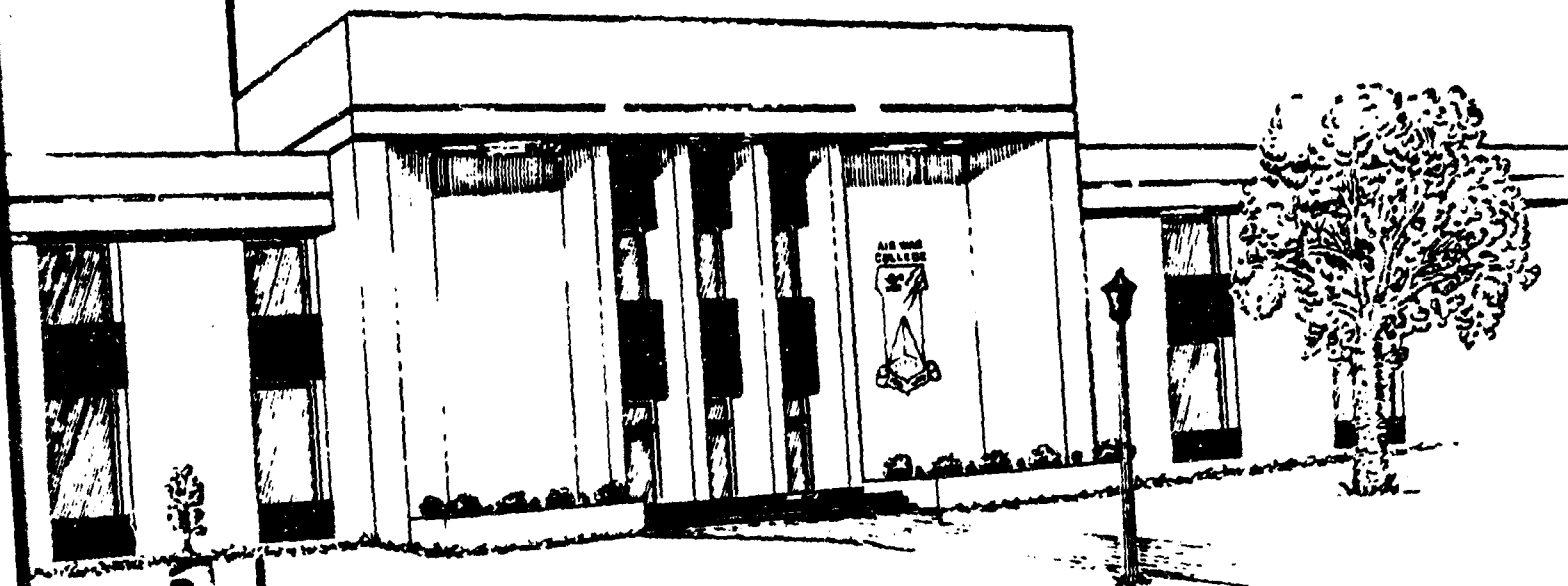
No. AU-AWC-86-173

AD-A178 125

MILITARY SUICIDE

DTIC
ELECTE
MAR 17 1987
S D

By COLONEL DAVID F. PRIM, USA



DTIC FILE COPY

AIR UNIVERSITY
UNITED STATES AIR FORCE
MAXWELL AIR FORCE BASE, ALABAMA

APPROVED FOR PUBLIC
RELEASE; DISTRIBUTION
UNLIMITED

87 3 16 037

AIR WAR COLLEGE
AIR UNIVERSITY

MILITARY SUICIDE

by

David F. Prim
Colonel, US Army

A RESEARCH REPORT SUBMITTED TO THE FACULTY
IN
FULFILLMENT OF THE RESEARCH
REQUIREMENT

Research Advisor: Colonel Hans J. Asmus

MAXWELL AIR FORCE BASE, ALABAMA

May 1986

DISCLAIMER-ABSTAINER

This research report represents the views of the author and does not necessarily reflect the official opinion of the Air War College or the Department of the Air Force.

This document is the property of the United States government and is not to be reproduced in whole or in part without permission of the commandant, Air War College, Maxwell Air Force Base, Alabama.

AIR WAR COLLEGE RESEARCH REPORT ABSTRACT

TITLE: Military Suicide

AUTHOR: David F. Prim, Colonel, US Army

→ An examination of suicide statistics from 1982 through 1984 is presented for each military service. Descriptive statistics are examined to reveal trends with a view towards developing preventative measures. Previously documented causality factors are validated as are the means of life taking. A comprehensive Army Suicide Prevention Plan that is based on caring leadership and early involvement is described.



Accession For	
NTIS CRA&I	<input checked="checked" type="checkbox"/>
DTIC TAB	<input type="checkbox"/>
Unannounced	<input type="checkbox"/>
Justification	
By	
Distribution	
Availability Codes	
Dist	Avail and/or special
A-1	

BIOGRAPHICAL SKETCH

Colonel David F. Prim (M.A. University of Richmond) has served as a US Army Military Police officer since 1966. Tours of duty in command and law enforcement assignments include Turkey, Germany, Vietnam, Korea, and several CONUS Posts. He served as a Battalion Commander at Fort Carson, Colorado, and as a Brigade Commander and the Provost Marshal of Korea. He is a graduate of the FBI National Academy, the Command and General Staff College, and the Air War College, class of 1986.

TABLE OF CONTENTS

CHAPTER		PAGE
	DISCLAIMER-ABSTAINER	ii
	ABSTRACT	iii
	BIOGRAPHICAL SKETCH.	iv
I	INTRODUCTION	1
II	METHOD	4
III	RESULTS.	6
IV	DISCUSSION	16
V	CONCLUSIONS.	21
	APPENDIX A: Service Suicide Tables.	22
	APPENDIX B: US Army Action Plan	23
	LIST OF REFERENCES	24

CHAPTER I

INTRODUCTION

Problem Statement

Suicide represents great personal tragedy for the victim and for the surviving family, friends, and unit. In a broader sense it represents collective failure of the health support system, commanders, non-commissioned officers, supervisors and friends. It also represents a significant loss of trained manpower that must be replaced. The purpose of this study is to examine the occurrence of suicide within the active ranks of the four services with a view toward identifying indicators of risk and points of possible intervention. In this study the null hypothesis will be stated, followed by statistical data, a discussion of the results, and conclusions drawn from the study. The statement of the null hypothesis (modified) takes the form of a quote from a recent study by the Health Studies Task Force of the Office of the Assistant Secretary of Defense (OASD); "Based on comparisons with the general US population rates by age group, sex, and race, the DoD does not have a major problem with suicide by active duty members." (1:14) A decision, based on data presented, will have to be made to accept or reject the null hypothesis.*

*The quoted statement is not a null hypothesis in the statistical sense in that it does not describe differences as a function of chance or a systematic cause. It is an assertion, a thesis, to be supported or denied.

The Problem in Perspective

It is intuitively obvious that every suicide has a profound adverse affect from several perspectives; however, the severity of the total problem can be ascertained only by comparison with another standard. In this instance the available yardstick on which data is maintained is the civilian population. Data from Health, United States by the National Center for Health Statistics reflect a rate of 12.2 suicides per 100,000 population for the civilian community for 1982. (2:74-75) Data contained in Table 1 display civilian population suicide rates for the years 1950-1980 at ten year increments.

TABLE I*

Suicide for All Age Groups**
(per 100,000 U.S. population)

	1950	1960	1970	1980	Change 1950-80
Overall rate	11.4	10.6	11.6	11.9	+ 4%
White Males	19.0	17.6	18.0	19.9	+ 5%
White Females	5.5	5.3	7.1	5.9	+ 7%
Black Males	6.3	6.4	8.0	10.3	+63%
Black Females	1.5	1.6	2.6	2.2	+47%

**Source: Health, United States, 1984, U.S. Department of Health & Human Services, December 1984, pp. 74-75.

The data indicate a slight increase in the overall rate; however, there is a significant increase for both black males and females. Suicide rates tend to mask the magnitude

*Note: Original data source as indicated above. Data array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 1.

of the problem; the 12.2 per 100,000 rate cited for 1982 translates into 28,242 self inflicted deaths. Within the DoD for 1984 there was a 10.1 rate per 100,000 or 212 deaths due to suicide. Suicide rates by race, sex, age, and service will be presented in Chapter III, Results.

The data cited in this study are deaths of active duty service members. But what of the service family and the civilian employees? A loss in the family or the civilian workforce inflicts heavy emotional and organizational impact. The problem may merit more than a passing interest. Preliminary Army data for CY85 reflect 172 suicides including 25 family members and 15 Department of the Army (DA) civilian employees. If that trend is valid across the services there is a broader and significant problem that is not being fully addressed.

CHAPTER II

METHOD

The information presented in this study is the result of a literature review of both civilian and military sources.

Research that attempts to accumulate data across a broad spectrum will necessarily rely upon information reported by other agencies. In this paper the data accumulated by the Health Studies Task Force of the Office of the Assistant Secretary of Defense for Health Affairs will be used. The acknowledged use of secondary sources introduces some caution into interpreting results; however, the original source documents cited for tables and figures have been verified where available.

Data Limitations

As a general rule the higher the level the data is accumulated the more likely it is that extraneous variables will creep into and confuse data banks unless a specific system is designed to define and capture data elements. This is especially true in compiling data about suicides. The literature is replete with reasons for under-reporting suicide. Within the Air Force, researchers have postulated reasons ranging from camouflaged deaths (5:2) to social stigma (3:1).

One additional caveat concerning the data bank is in order. Each military service has a parallel but not identi-

cal reporting system. Key data elements are fed into the Worldwide Casualty System and updated as necessary. These revisions may cause the documented suicide rate to rise or fall. For the CY1983 initial reporting showed 245 deaths coded as suicide; revised figures reviewed in 1985 indicated 252 deaths for the same period.

Finally, determination of cause-effect relationships are difficult to determine. A change in suicide trends may reflect an actual change in the field or it may be an artifact caused by wider reporting, automation that reduces error, or a redefinition of one of the data elements.

CHAPTER III

RESULTS

The Incidence of Suicide

Within the DoD suicide was the third ranking cause of death in CY1984. It was exceeded only by heart disease and privately owned vehicle accidents. The summary data displayed in Table II shows suicide rates for DoD as compared to the US population for 1981 as a function of race, sex, and age. The following trends are evident:

(1) For the DoD, the overall suicide rate has declined from 12.1 in 1982 to 10.1 in 1984.

(2) The ratio of white to black suicides in the US population is approximately 2:1, in DoD, 1.5:1.

(3) The ratio of male to female suicides is approximately 3:1 in the US population; it is 1.5:1 in DoD. Females represent 9.1 percent of the active duty population, although they commit only 5.7 percent of the suicides.

(4) The age bracket 17-24 is of particular interest as it contains the largest population. For the years depicted, suicide in DoD decreased from 13.5 in 1982 to 9.0 in 1984. Among females, white females showed an increase from 7.4 in 1982 to 9.0 in 1983 and a precipitous drop to 3.9 in 1984. The rates for black females was significantly above the national norm in 1982; one suicide was reported in 1983 and 1984 respectively.

Table II*

SUICIDE RATES PER 100,000
U.S. Population¹ & Department of Defense²
(Calendar Years, as indicated)

Race, Sex, and Age	U.S. Pop	DoD	DoD	DoD
	1981	1982	1983	1984
Total				
All ages crude rate	12.0	12.1	10.5	10.1
17-24 years ³	12.3	13.5	10.2	9.0
25-34 years	16.3	11.6	11.2	12.1
35-44 years	15.9	9.6	9.8	8.8
45-54 years	16.1	8.5	11.0	5.4
55+ years ³	16.4	-	-	*
White Male				
All ages crude rate	20.0	13.8	12.1	11.2
17-24 years ³	21.1	16.3	12.7	10.6
25-34 years	26.2	12.3	12.5	12.8
35-44 years	24.3	10.5	10.0	11.0
45-54 years	23.9	*	9.9	-
55+ years ³	26.3	-	-	*
White Female				
All ages crude rate	6.2	8.4	10.4	4.4
17-24 years ³	4.9	7.4	9.0	3.9
25-34 years	7.7	8.9	12.1	3.7
35-44 years	9.5	-	*	-
45-54 years	11.1	*	-	*
55+ years ³	9.4	-	-	-
Black Male				
All ages crude rate	10.2	9.5	4.9	9.0
17-24 years ³	11.1	9.1	4.1	7.3
25-34 years	21.8	10.7	4.6	13.2
35-44 years	15.5	5.9	11.5	-
45-54 years	12.3	*	-	*
55+ years ³	12.5	-	-	-
Black Female				
All ages crude rate	2.4	6.2	4.0	3.9
17-24 years ³	2.4	9.6	*	*
25-34 years	4.6	-	*	*
35-44 years	4.2	-	-	-
45-54 years	2.5	-	-	-
55+ years ³	2.9	-	-	-

³Age Group is 15-24 in U.S. population figures

³Age Group is 55-64 in U.S. population figures

*Represents one suicide; rate left blank

¹Source: Health, United States, 1984, U.S. Department of Health & Human Services, December 1984, p. 74.

²Source: Washington Headquarters Services, Directorate for Information, Operations, & Reports' Worldwide Casualty System (Suicides) and the Defense Manpower Data Center (Population).

*NOTE: Original data source as indicated above. Data array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 6.

Redman and Walter in determining the statistical significance of the data, found significant differences between race and sex, but no significant variance by year, service, or age. (1:5) Detailed tables are shown in Appendix A, Tables 1-12.

The bar chart at Figure 1 compares suicide rates among the services for the years 1982-1984. The Marine Corps had an incident rate higher than those of the other services and DoD as a whole for each of the three years.

The information in Table 3 indicates suicide to be principally an enlisted phenomena. Enlisted personnel comprise approximately 86.1 percent of the active duty force, yet account for 92.4 percent of the suicides. Although the variances between services and years appear large they do not meet the test of statistical significance at the .01 level. (1:8)

Data for 1985 is not available for all services; however, the Army has reported 116 active duty suicides at a rate of 14.9 percent. If the data are correct it would represent a rate exceeding that of any of the three preceding years.

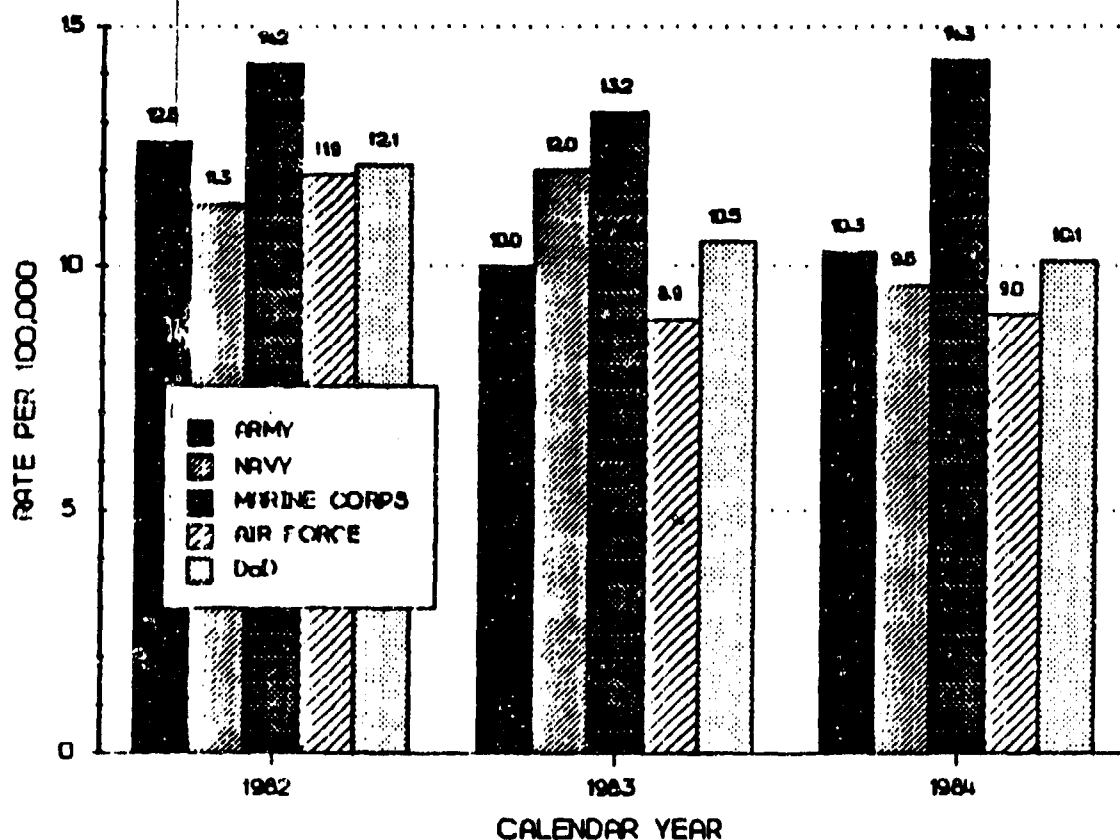
Modes of Suicide

Figure 2 depicts the method of life taking by active duty personnel for the three years 1982-1984. It is clear the predominant method involves a firearm, either pistol or rifle. That trend held true for each service for all three

FIGURE 1*

SUICIDE RATES PER 100,000 POPULATION,
AMONG ACTIVE DUTY MILITARY PERSONNEL
by Service.

All Modes of Suicide.
(Calendar Years 1982, 1983, 1984) **



** Sources:

WHS(DIOR). Worldwide Casualty System (Suicides)
Defense Manpower Data Center (Population)

*NOTE: Original data source as indicated above. Data array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 7.

Table III*

ENLISTED AND OFFICER SUICIDES
AND RATES PER 100,000 POPULATION,
by Service,
All Modes of Suicide
(Calendar Years 1982, 1983, 1984)**

ENLISTED PERSONNEL:

	1982		1983		1984	
	#	rate	#	rate	#	rate
ARMY	94	14.0	71	10.6	74	11.1
NAVY	54	11.6	58	12.0	49	10.3
MARINE CORPS	27	15.7	24	13.5	28	16.0
AIR FORCE	60	12.8	48	10.0	46	9.5
DoD TOTAL	235	13.1	201	11.1	197	10.9

OFFICER PERSONNEL:

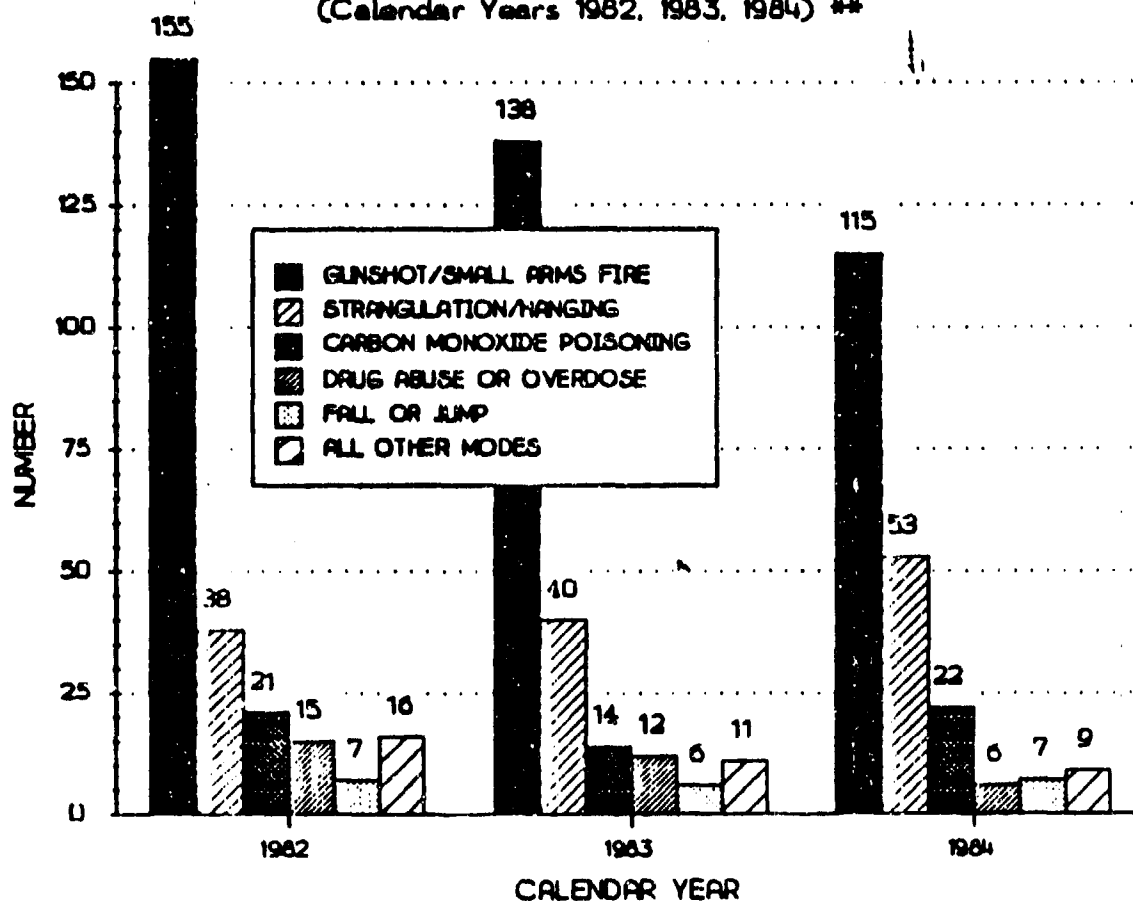
	1982		1983		1984	
	#	rate	#	rate	#	rate
ARMY	3	-	6	-	5	-
NAVY	6	-	8	-	3	-
MARINE CORPS	-	-	2	-	-	-
AIR FORCE	8	-	4	-	7	-
DoD TOTAL	17	6.0	20	6.9	15	5.0

** Source: Washington Headquarters Services, Directorate for Information, Operations, & Reports' Worldwide Casualty System (Suicides) and the Defense Manpower Data Center (Population).

*NOTE: Original data source as indicated above. Data Array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 9.

FIGURE 2 *

NUMBER OF SUICIDES, BY MODE,
AMONG ACTIVE DUTY MILITARY PERSONNEL,
Department of Defense Totals
(Calendar Years 1982, 1983, 1984) **



** Source: WHS(DIOR), Worldwide Casualty System

*NOTE: Original data source as indicated above Data array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 10.

years. Sixty percent of the male suicides and fifty-one percent of the female deaths utilized Firearms. This trend was further validated by Army suicide data for 1985 which showed 56.9 percent of deaths involved a firearm. (6:7)

Antecedent Conditions

If suicide is viewed as the expression of the "only way out" of loneliness, isolation, low self-esteem and general hopelessness then it is not surprising the antecedent conditions are rooted in depression and conflict with loved ones and the environment. In a study of 207 Air Force suicides over a three year period the researchers found difficulties with a love object to be a consistent theme. McDowell reports that 49 percent of the victims were experiencing marital stress. Of those not married, 20 percent involved significant stress arising from intimate relationships with a girl or boyfriend. (4:8-9) Table IV shows the range of personal problems reported among USAF suicide victims.

Army researchers looking at data from 1981-1982 found similar results. Difficulties with a love object was found to be a recurring theme. Sixty-nine percent of the victims were found to have difficulties with a love object; 43 percent were found to have difficulties with the job; and 17.5 percent had significant financial problems. (7:540) Since the love-object-problem was predominant and recurring the investigators looked at how the problem was manifested immediately preceding the suicide. The data in Table V provide an insight

TABLE IV*

SUICIDE AMONG ACTIVE DUTY USAF MEMBERS
(1 July 1982 - 31 October 1985)
HISTORY OF PERSONAL PROBLEMS **

<u>PROBLEM</u>	<u>NUMBER</u>	<u>PERCENT</u>
Marital	101	49%
Other***	97	47%
Alcohol	67	32%
Emotional	47	23%
Love Object	42	20%
Financial	37	18%
Mental	34	16%
Drugs	27	13%

**SOURCE: HQ AFOSI/IVAS.

***Includes job-related problems, law enforcement difficulties, etc.

NOTE: Exceeds 100% because of multiple problem cases.

*NOTE: Original data source as indicated above
Data array and statistical computations from
SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985, Hq
Air Force Office of Special Investigations,
Washington, D.C.

TABLE U*

NUMBER AND PERCENTAGE OF LOVE-OBJECT-
PROBLEM-SUICIDED PERSONS IN WHOM THE LOVE-
OBJECT-PROBLEM WAS MANIFESTED IN CERTAIN
SPECIFIC WAYS

Manifestation of Love-Object-Problem	N	Percent
Recent or pending divorce, separation, or break-up	60	69.0
Marital problems/"can't get along"	29	33.3
Altercation with love object just before suicide	26	29.9
Infidelity an issue	14	16.1
History of violence in the relationship	12	13.8
Murdered love object at time of suicide	5	5.7
Attempted to murder love object but failed	6	6.9

Note: Percentages based on N of 87; i.e., number of persons with a detected love-object-problem.

*SOURCE: MILITARY MEDICINE, VOL 149, NO 10, OCT 1984, p. 540

into the wrenching emotional circumstances that may have precipitated the suicide. It should be noted that an "altercation" was present in approximately 30 percent of the suicides and directed outward violence was also a factor. (7:540)

Army researchers cite the following as "signs of suicide" which should cause observers to increase vigilance:

- (1) persons who have made a previous suicide attempt
- (2) where there is a family history of suicide
- (3) the loss of a friend through suicide
- (4) there is involvement with drugs or alcohol
- (5) there are alcoholics in the family

Suicidal behavior may be imminent where one or more of the following factors are observed in a person who is depressed and fits the criteria above:

- (1) talking about or hinting at suicide
- (2) giving away possessions; making a will
- (3) obsession with death, sad music, or sad poetry;
themes of death in letters or art work
- (4) making specific plans to commit suicide
- (5) buying a gun (8:6-7)

Similar conclusions regarding suicidal behavior were reached by Mayton (9:14-15) and Blount (10:19).

CHAPTER IV

DISCUSSION

The data presented thus far has described the incidence of suicide, the way in which it is carried out and conditions extant to the suicide act. A prevention protocol is suggested by the examination of the conditions that contribute to or directly precipitate the suicide act.

As previously noted the civilian population is used as a reference norm for judging the relative severity of suicide rates. However, the people that comprise the military community are statistically dissimilar to the general US population. That fact is illustrated by Table VI below.

TABLE VI*
LEADING CAUSES OF DEATH
CY1982

U.S. MILITARY	U.S. CIVILIAN
Private Motor Vehicle Accidents	Heart Disease
Heart Attacks/Associated Conditions	Cancer of the Respiratory System
Suicide	Cerebrovascular Disease
Military Aircraft Accident	Cancer of Digestive System
Homicide	Breast Cancer
Drowning	Motor Vehicle Accident
Military Vehicle Accidents	Suicide
Falls or Jumps	Pneumonia and Influenza
Cancer	Chronic Liver Disease/ Cirrhosis
Gunshot Accident	Homicide, Legal Intervention

*NOTE: See page 17 for sources.

Volunteers for military service undergo a fairly rigorous physical screening prior to entrance on active duty. That tends to exclude young persons who have one of the conditions cited in the right column. Note the relative ranking of suicide and the prevalence of accidents as causes of death in the military. Other differential factors may include the availability of treatment for troubled military members and the relative job stability the military enjoys.

Absent another normative standard the US population must suffice. Generally, the data uniformly indicate lower DoD figures for almost all sex, race, and age group categories as compared to the civilian population. The salient point is that the services share the same problem with the civilian community albeit of less magnitude.

Within the services enlisted personnel commit suicide at twice the rate of officers. The rate for enlisted personnel over 34, however, is lower than the rates for those in their teens and twenties (1:12).

The method most used for suicide within the DoD and the general population was a self-inflicted gunshot. Hanging

Sources: Military: Washington Headquarters Services, "World-wide U.S. Active Duty Military Personnel Casualties, October 31, 1979 to March 31, 1985". pp. 69-72.; Civilian: National Center for Health Statistics: Health, United States, 1984. p. 59.

*NOTE: Original data source as indicated above. Data array and statistical computations from SUICIDE AMONG ACTIVE DUTY PERSONNEL, 1985. The Health Studies Task Force, Office of the Assistant Secretary of Defense, July 1985, p. 11.

oneself was a distant second and carbon monoxide poisoning was third by a large margin. Firearms are plentiful, available to the average military member, and effective. Moreover, the media and movies have given reinforcement to the appropriateness of this mode (1:12).

The data presented on antecedent conditions describes the victim's self perception as being unable to cope with life. The following passage from an AFOSI report portrays the closed loop the victim perceives:

AFOSI investigations clearly revealed that the overwhelming majority of active duty suicide victims (93%) were deeply troubled people, many of whom were beset with multiple problems (such as marital, financial, and substance abuse). However, it is important to note that these problems were not necessarily in and of themselves the "cause" of the suicide. It is more likely that they were interrelated and stemmed from more fundamental personality deficits. Many of these victims faced self-perpetuating pressures. For example, marital problems frequently grew out of an immature approach to the victim's family responsibilities. These difficulties were compounded in turn by ineffective attempts to "escape" through magical thinking or substance abuse, which contributed to financial difficulties. These, in turn, led to problems at work - all of which came full circle. The cumulative effect further damaged the victim's intimate relationships and increased the pressure to escape. Viewed in this light, suicide is often simply the final point on a continuum of an inability to cope with life's pressures. For these overwrought service members, suicide was apparently seen as their best (if not only) means of escape. (6:13)

The problem facing the help-giver is how to break the closed loop. An Army program, developed in 1985, consisting of 26 initiatives, holds promise for significant impact in the field. The basic premise of the program is stated as follows:

To the extent that suicide rates are modifiable within the Army, they will be modified by leadership through command policy and action. The key to the prevention of suicide is caring leadership and the early involvement of the chain of command. The exercise of such leadership should be assisted by the AMEDD, the Military Police, chaplains, and a broad base of other community support agencies. (11:11-3)

The 26 initiatives are grouped into three categories: prevention, data collection, and analysis. The actions consist of short, mid, and long-term initiatives to be accomplished over a two year period. The program is front end loaded; that is, 75 percent of the actions are to be accomplished within the first six months and 90 percent within the first year. Typical short-term preventative actions include:

(1) Develop and publish a model installation suicide prevention plan to be promulgated through the MACOMs. The model would include a post-suicide intervention plan for units, families, and the community. The model would include additional requirements for funding, manpower, and resources.

(2) Develop and publish a statement of the Army Leadership's philosophy on suicide prevention and stress management signed by the Chief of Staff of the Army.

(3) Develop and publish a Commander's Guide for company and battalion commanders on suicide and suicide prevention listing specific factors which point to increased risk of suicide in soldiers.

(4) Make suicide prevention an item of interest for Medical Treatment Facility (MTF) commanders. MTF commanders will evaluate the status of suicide prevention resources

within their communities and advise the installation commander on matters pertaining to suicide prevention. The scope of this evaluation should range from a review of emergency room procedures for handling suicide situations to a consideration of incorporating suicide prevention into Dependent Youth Activities (DYA) programs.

(5) Evaluate the appropriateness and, if appropriate, the feasibility of operating a crisis hot line in all Army MTFs which maintain 24-hour emergency services.

(6) Request a review through OASD-HA of commercially available anti-depression and suicide prevention programs for use in DoDDS and other on-post and community schools attended by military children. (11:III-1-2)

A full statement of the 26 initiatives is at Appendix B. If properly executed this program will provide the assets and resources to breach the closed-loop. The key will continue to be caring, concerned leadership.

CHAPTER V

CONCLUSIONS

The beginning point for this study was the conclusion of the OASD study: "Based on comparisons with the general U.S. population rates by age group, sex, and race, the DoD does not have a major problem with suicide by active duty members." The verbiage of that statement from the OASD Health Affairs Office is accurate from the normative, systems perspective it represents. There are other more important health care problems that vie for attention from the health care community.

There is however, another perspective and that is the one I choose to take. The criterion frame of reference that holds the institutional, organizational, and unit values above those of the health care system is operative here. The services are called upon to execute warplans in defense of the nation, a responsibility not fully shared with the general population. Unit cohesion, teamwork, and the genuine feeling that the services care in a special way is necessary for continuing combat readiness. Every commander should regard suicide as a significant problem just as he should the accidents that claim the lives of his charges.

The null hypothesis is rejected.

APPENDIX A
Service Suicide Tables
Calendar Years 1982-1984

Appendix 2, Table 1:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Army Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1982)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	227406	118148	18751	25331	19849	2165	47345	252737	137997	20916	411650
25-34	156447	66186	11261	13683	8603	1016	23302	170130	74789	12277	257196
35-44	67270	17911	2915	2085	575	135	2795	69355	18486	3050	90891
45-54	10213	2032	301	270	28	16	314	10483	2060	317	12860
55+	309	16	8	20	2	3	25	329	18	11	358
TOTAL	461645	204293	33236	41389	29057	3335	73781	503034	233350	36571	772955

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	43	15	1	2	1	-	3	45	16	1	62
25-34	15	6	1	2	-	-	2	17	6	1	24
35-44	8	1	-	-	-	-	-	8	1	-	9
45-54	-	1	-	1	-	-	1	1	1	-	2
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	66	23	2	5	1	-	6	71	24	2	97

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	18.91	12.70	5.33	7.90	5.04	-	6.34	17.81	11.59	4.78	15.06
25-34	9.59	9.07	8.88	14.62	-	-	8.58	9.99	8.02	8.15	9.33
35-44	11.89	5.58	-	-	-	-	-	11.53	5.41	-	9.90
45-54	-	49.21	-	370.37	-	-	318.47	9.54	48.54	-	15.55
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	14.30	11.26	6.02	12.08	5.44	-	8.13	14.11	10.28	5.47	12.55

Appendix 2, Table 2:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Army Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1983)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	224252	105337	17805	23963	18298	1989	391644	248215	123635	19794	391644
25-34	157518	72444	12385	14546	10026	1152	268071	172064	82476	13537	268071
35-44	71257	18439	3279	2502	777	171	96425	73759	19216	3450	96425
45-54	10190	2142	295	265	29	14	12935	10455	2171	309	12935
55+	334	12	5	14	3	3	371	348	15	8	371
TOTAL	463551	198374	33769	41290	29133	3329	769446	504841	227507	37098	769446

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	27	3	0	4	1	1	36	31	4	1	36
25-34	15	4	4	3	0	0	26	18	4	4	26
35-44	11	2	0	0	0	0	13	11	2	0	13
45-54	1	0	1	0	0	0	2	1	0	1	2
55+	0	0	0	0	0	0	0	0	0	0	0
TOTAL	54	9	5	7	1	1	77	61	10	6	77

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	12.94	2.85	0.00	16.69	5.47	50.28	9.19	12.49	3.24	5.05	9.19
25-34	9.52	5.52	32.30	20.62	0.00	0.00	9.70	10.46	4.85	29.55	9.70
35-44	15.44	10.85	0.00	0.00	0.00	0.00	13.48	14.91	10.41	0.00	13.48
45-54	9.91	0.00	338.98	0.00	0.00	0.00	15.46	9.56	0.90	323.62	15.46
55+	0.00	0.00	0.00	6.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	11.65	4.54	14.81	16.95	3.43	30.04	10.01	12.08	4.40	16.17	10.01

Appendix 2, Table 3:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Army Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1984)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER
17-24	22817	92821	16988	24363	17107	1901	43376	253185	109528	18889
25-34	156320	75001	13633	15310	11304	1317	27931	171630	86305	14950
35-44	75238	19096	3915	2832	996	206	4034	78870	20092	4121
45-54	10350	2193	346	288	33	23	344	10638	2226	569
55+	356	14	7	16	2	2	20	372	16	9
TOTAL	471081	189125	34889	42814	29442	3449	75705	513895	218567	38338

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER
17-24	23	4	1	1	1	0	2	24	5	1
25-34	24	10	3	1	1	0	1	24	11	3
35-44	8	0	0	0	0	0	0	8	0	0
45-54	0	1	0	1	0	0	1	1	1	0
55+	1	0	0	0	0	0	0	1	6	0
TOTAL	56	15	4	2	2	0	4	58	17	4

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER
17-24	10.05	4.31	5.89	4.10	5.85	0.00	4.61	9.48	4.55	5.29
25-34	15.35	13.33	22.01	0.00	8.85	0.00	3.58	13.98	12.75	20.07
35-44	10.63	0.00	0.00	0.00	0.00	0.00	6.00	10.25	0.00	0.00
45-54	0.00	45.60	0.00	347.22	0.00	0.00	290.70	9.40	44.92	0.00
55+	280.90	0.00	0.00	0.00	0.00	0.00	0.00	268.82	0.00	0.00
TOTAL	11.89	7.93	11.46	4.67	6.79	0.00	5.28	11.29	7.78	10.43

Appendix 2, Table 4:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Navy Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1982)

POPULATION:

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		CAUC	GRAND TOTAL
	CAUC	BLACK OTHER	CAUC	BLACK OTHER		BLACK	OTHER		
17-24	220822	33760 6802	21085	3920 579	25584	241907	7301	286968	
25-34	125941	16118 11004	11373	1827 276	13476	137314	11286	166539	
35-44	56618	3568 7093	1082	73 44	1199	57700	7137	68478	
45-54	7481	302 742	198	5 4	207	7679	746	8732	
55+	482	6 9	17	-	17	499	9	514	
TOTAL	411344	53754 25650	33755	5825 903	40483	445099	26553	531231	

NUMBER OF SUICIDES (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		CAUC	GRAND TOTAL
	CAUC	BLACK OTHER	CAUC	BLACK OTHER		BLACK	OTHER		
17-24	33	-	-	1	1	35	-	34	
25-34	16	3 1	-	-	20	16	1	20	
35-44	4	1 -	-	-	5	4	-	5	
45-54	1	- -	-	-	1	1	-	1	
55+	-	- -	-	-	-	-	-	-	
TOTAL	54	4 1	-	1	60	54	1	60	

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		CAUC	GRAND TOTAL
	CAUC	BLACK OTHER	CAUC	BLACK OTHER		BLACK	OTHER		
17-24	14.94	-	-	25.51	3.91	13.64	-	11.85	
25-34	12.70	18.61 9.09	-	-	-	11.65	8.87	12.01	
35-44	7.06	28.03 -	-	-	-	6.93	-	7.30	
45-54	13.37	- -	-	-	-	13.02	-	11.45	
55+	-	- -	-	-	-	-	-	-	
TOTAL	13.13	7.44 3.90	-	17.17	2.47	12.13	8.39 3.77	11.29	

Appendix 2, Table 5:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Navy Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1983)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	219306	34366	7351	21269	4480	635	26384	240575	38846	7986	287407
25-34	133760	18687	10602	13003	2260	332	15595	146763	20947	10934	178644
35-44	59532	3640	7413	1424	108	52	1584	60956	3748	7465	72169
45-54	7893	397	862	184	8	5	197	8077	405	867	9349
55+	493	7	11	16	16	16	527	509	7	11	527
TOTAL	420984	57097	26239	35896	6856	1024	43776	456880	63953	27263	548096

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	26	2	-	2	-	-	28	28	2	-	30
25-34	27	-	-	2	1	-	27	29	1	-	30
35-44	5	-	-	-	-	-	5	5	-	-	5
45-54	1	-	-	-	-	-	1	1	-	-	1
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	59	2	-	4	1	-	61	63	3	-	66

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	11.86	5.82	-	9.40	-	-	10.73	11.64	5.15	-	10.44
25-34	20.19	-	-	15.38	44.25	-	16.56	19.76	4.77	-	16.79
35-44	8.40	-	-	-	-	-	7.08	8.20	-	-	6.93
45-54	12.67	-	-	-	-	-	10.93	12.38	-	-	10.70
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	14.01	3.50	-	11.14	14.59	-	12.10	13.79	4.69	-	12.04

Appendix 2, Table 6:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Navy Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1984)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	209299	32682	8033	20787	4851	704	276356	230086	37533	8737	276356
25-34	137021	20348	10310	14488	2657	366	185190	151509	23005	10676	185190
35-44	58839	3629	7574	1704	159	62	71967	60543	3788	7636	71967
45-54	8002	459	1018	182	9	5	9675	8184	468	1023	9675
55+	442	4	11	13	1	-	471	455	5	11	471
TOTAL	413603	57122	26946	37174	7677	1137	543659	450777	64799	28083	543659

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	26	3	-	-	-	-	29	26	3	-	29
25-34	13	3	1	-	-	-	17	13	3	1	17
35-44	6	-	-	-	-	-	6	6	-	-	6
45-54	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	45	6	1	-	-	-	52	45	6	1	52

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	12.42	9.18	-	-	-	-	10.49	11.30	7.99	-	10.49
25-34	9.49	14.74	9.70	-	-	-	9.18	8.58	13.04	9.37	9.18
35-44	10.20	-	-	-	-	-	8.34	9.91	-	-	8.34
45-54	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	10.88	10.50	3.71	-	-	-	9.56	9.98	9.26	3.56	9.56

Appendix 2, Table 7:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Marine Corps Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1962)

POPULATION:

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		CAUC	BLACK	
17-24	94742	27085	4423	1340	126694	99165	28425	132654
25-34	33224	8214	1249	371	42664	34473	8585	44331
35-44	10115	1232	116	11	11524	10231	1243	11654
45-54	1582	151	11	1	1776	1593	152	1788
55+	21	2	1	-	26	22	2	27
TOTAL	139684	36684	5800	1723	182684	145484	30407	190454

NUMBER OF SUICIDES (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		CAUC	BLACK	
17-24	12	2	-	-	14	12	2	14
25-34	9	3	-	-	12	9	3	12
35-44	1	-	-	-	1	1	-	1
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	22	5	-	-	27	22	5	27

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		CAUC	BLACK	
17-24	12.67	7.38	-	-	11.05	12.10	7.04	10.55
25-34	27.09	36.52	-	-	28.13	26.11	34.94	27.07
35-44	9.89	-	-	-	8.68	9.77	-	8.58
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	15.75	13.63	-	-	14.18	15.12	13.02	14.18

Appendix 2, Table 8:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Marine Corps Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1983)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	96457	25863	4427	4715	1421	179	133062	101172	27284	4606	133062
25-34	36303	9498	1452	1568	501	62	49304	37871	9999	1514	49304
35-44	11132	1368	196	151	16	3	12866	11283	1384	199	12866
45-54	1586	161	48	12	1	-	1808	1598	162	48	1808
55+	27	2	2	1	-	-	32	28	2	2	32
TOTAL	145505	36892	6125	6447	1939	244	197152	151952	30831	6369	197152

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	15	1	1	1	-	-	18	16	1	1	18
25-34	6	1	1	-	-	-	8	6	1	1	8
35-44	-	-	-	-	-	-	-	-	-	-	-
45-54	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	21	2	2	1	-	-	26	22	2	2	26

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	15.55	3.87	22.59	21.21	-	-	13.41	15.81	3.67	21.71	13.53
25-34	16.53	10.53	68.87	-	-	-	16.93	15.84	10.00	66.05	16.20
35-44	-	-	-	-	-	-	-	-	-	-	-
45-54	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	14.43	5.42	32.65	15.51	-	-	13.19	14.48	5.15	31.40	13.19

Appendix 2, Table 9:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Marine Corps Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1984)

POPULATION:

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	93955	22729	4087	120671	126927	90531	24145	126927
25-34	30440	10001	1618	50059	52498	40227	10578	52498
35-44	12036	1567	221	13824	14049	12231	1593	14049
45-54	1660	174	43	1877	1894	1676	175	1894
55+	46	2	2	48	50	48	2	50
TOTAL	146037	34471	5971	186479	195418	152713	36491	195418

NUMBER OF SUICIDES (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	11	5	1	17	18	12	5	18
25-34	5	4	1	10	10	5	4	10
35-44	-	-	-	-	-	-	-	-
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	16	9	2	27	28	17	9	28

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	11.72	22.00	24.47	14.09	14.18	12.18	20.71	14.18
25-34	13.01	40.00	61.80	19.98	19.05	12.43	37.81	19.05
35-44	-	-	-	-	-	-	-	-
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	10.96	26.11	33.50	14.48	14.33	11.13	24.66	14.33

Appendix 2, Table 10:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Air Force Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1982)

POPULATION:

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	175196	30677	30069	6011	212954	30069	6011	37169
25-34	149537	30557	18619	5095	185144	18619	5095	24427
35-44	84396	10956	1481	170	96930	1481	170	1742
45-54	10488	878	315	19	11561	315	19	349
55+	355	14	12	-	381	12	-	13
TOTAL	419972	73082	50496	11295	506970	50496	11295	63700
						84377	15825	570670

NUMBER OF SUICIDES (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	29	2	4	1	32	33	3	37
25-34	17	1	2	-	18	19	1	20
35-44	10	-	-	-	11	10	-	11
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	56	3	6	1	61	62	4	68

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE		FEMALE		GRAND TOTAL	BOTH SEXES		TOTAL
	CAUC	BLACK	CAUC	BLACK		BLACK	OTHER	
17-24	16.55	6.52	13.30	16.64	15.03	16.08	8.18	14.79
25-34	11.37	3.27	10.74	-	9.72	11.30	2.80	9.54
35-44	11.85	-	-	-	11.35	11.64	-	11.15
45-54	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-
TOTAL	13.33	4.10	11.88	8.85	12.03	13.18	4.74	11.92

Appendix 2, Table 11:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Air Force Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1983)

POPULATION:

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	178466	31979	7111	28143	6214	1037	217556	206609	30193	8148	252950
25-34	151165	31291	5397	20536	5727	800	187853	171701	37018	6197	214916
35-44	87775	11497	1705	1840	264	97	100977	89615	11761	1802	103178
45-54	10669	876	213	283	24	17	11758	10952	900	230	12082
55+	567	14	11	13	-	1	392	380	14	12	406
TOTAL	428442	75657	14437	50815	12229	1952	518536	479257	87886	16389	583532

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	23	2	-	-	-	-	25	23	2	-	25
25-34	12	1	2	1	-	-	15	13	1	2	16
35-44	7	2	-	1	-	-	9	8	2	-	10
45-54	1	-	-	-	-	-	1	1	-	-	1
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	43	5	2	2	-	-	50	45	5	2	52

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL	BOTH SEXES			TOTAL
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER		CAUC	BLACK	OTHER	
17-24	12.89	6.25	-	-	-	-	11.49	11.13	5.24	-	9.88
25-34	7.94	3.20	37.06	4.87	-	-	7.98	7.57	2.70	32.27	7.44
35-44	7.97	17.40	-	54.35	-	-	8.91	8.93	17.01	-	9.69
45-54	9.37	-	-	-	-	-	8.50	9.13	-	-	8.28
55+	-	-	-	-	-	-	-	-	-	-	-
TOTAL	10.04	6.61	13.85	3.94	-	-	9.64	9.39	5.69	12.20	8.91

Appendix 2, Table 12:

Population, Number of Suicides, and Suicide Rates per 100,000,
All Modes of Suicide,
Active Duty Air Force Personnel,
Age Group Cohort, by Sex, by Race
(Calendar Year 1984)

POPULATION:

	MALE			FEMALE			GRAND TOTAL			BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER
17-24	17782	30971	7223	26465	6177	1006	204247	37148	8229	204247	37148	8229
25-34	15456	31439	5777	22178	6242	886	176634	37681	6663	176634	37681	6663
35-44	90253	12278	1877	2164	355	112	92417	12633	1989	92417	12633	1989
45-54	10691	955	211	287	26	17	10978	981	228	10978	981	228
55+	363	11	15	7	-	1	370	11	16	370	11	16
TOTAL	433545	75654	15103	51101	12800	2022	484646	88454	17125	484646	88454	17125

NUMBER OF SUICIDES (ALL MODES):

	MALE			FEMALE			GRAND TOTAL			BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER
17-24	15	1	-	1	-	-	16	1	-	16	1	-
25-34	20	1	1	2	-	2	24	1	1	22	1	1
35-44	12	-	-	-	-	-	12	-	-	12	-	-
45-54	-	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	47	2	1	3	-	3	53	2	1	50	2	1

SUICIDE RATES PER 100,000 (ALL MODES):

	MALE			FEMALE			GRAND TOTAL			BOTH SEXES		
	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER	CAUC	BLACK	OTHER
17-24	8.44	3.23	-	3.78	-	-	7.41	2.97	-	7.83	2.69	-
25-34	12.95	3.18	17.31	9.02	-	-	11.48	6.82	-	12.46	2.65	15.01
35-44	13.30	-	-	-	-	-	11.49	-	-	12.98	-	-
45-54	-	-	-	-	-	-	-	-	-	-	-	-
55+	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL	10.84	2.64	6.62	5.87	-	-	8.98	4.55	-	10.32	2.26	5.84

APPENDIX B
United States Army
Suicide Prevention Plan Initiatives

SECTION IV

ACTION PLAN INITIATIVES

PREVENTION

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
P1 Review suicide prevention programs currently in use by the Army and develop a model installation suicide prevention plan to be promulgated through the MACOMs. The model will include all aspects of prevention to include suicide-related behaviors as well as a post-suicide intervention plan for units, families, and the community.	DAPE (PEDA)* DASG	Jun 85	Model distributed to MACOMs by this date. This plan will include a mechanism to establish a system for sharing information about persons who are at increased risk of self-destructive behavior.
P2 Prepare a statement of the Army Leadership's philosophy with regard to suicide prevention for the signature of the Chief of Staff and Secretary of the Army.	DAPE-HRL-A* DAPE (PEDA)	Feb 85	
P3 Using the concept of "Caring Leadership" as a guide, develop a Commander's Guide for company and battalion commanders on suicide and suicide prevention. This would include common danger signals and specific factors to consider in deciding who should be referred for help. The Guide will be provided to the MACOMs for use or tailoring to meet local needs.	DAPE (PEDA)* DASG	May 85	Guide to be distributed to the MACOMs by this date.
P4 Prepare an article on suicide prevention for unit commanders for "Commander's Call."	DASG* DAPE (PEDA)	Apr 85	

* Indicates lead responsibility

PREVENTION (CONTINUED)

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
P5 Make suicide prevention an item of interest for Medical Treatment Facility (MTF) commanders. MTF Commanders will evaluate the status of suicide prevention resources within their communities, publicize those resources, and advise the installation commander on matters pertaining to suicide prevention.	DASG	Apr 85	Tasking forwarded to HSC and MEDCOMs by this date. Report of evaluation due to ODCSPER Oct 85.
P6 Evaluate the appropriateness and feasibility of operating a crisis hot line in all Army MTFs which maintain 24-hour emergency services.	DASG	May 85	Evaluation of concept and decision paper to DCSPER completed by this date.
P7 Evaluate the feasibility of procuring telephone systems that would enable crisis line workers to contact on-call professionals while remaining on the line with the person in crisis.	DASG	Jun 86	Action requires that the utility and desirability of system be evaluated. Report of evaluation due on this date. Procurement, if required, subject to availability of funds.
P8 Produce a training videotape for commanders focusing on suicide prevention for active duty members.	DASG	Jul 85	Videotape currently being produced by AHS.

PREVENTION (CONTINUED)

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
P9 Request a review through OASD-HA of commercially available anti-depression and suicide prevention programs for use in the DODDS and other on-post and community schools. Prepare a list of acceptable programs and distribute the list to all military schools.	DAPE (PEDA)	Mar 85	Date for distribution of the lists is Sep 85.
P10 Review commercially available videotapes on suicide prevention for families for distribution through TASO.	DAPE (PEDA)	Jun 85	Review completed by this date. Procurement to be completed by Dec 85 subject to availability of funds.
P11 Develop and conduct short-term training programs (short-courses) in child and family counseling for mental health professionals.	DASG* HSC	Oct 85	Planning and coordination completed by this date. Implementation is dependent on availability of funds.
P12 Review the resources of the Community Mental Health Service (CMHS) and recommend changes to enable the provision of multidisciplinary counseling by fully qualified professionals for marital, family child, and adolescent problems.	DASG	Jan 86	Review of installation requirements completed by this date. Full implementation is dependent on funding and additional manpower authorizations. Lead time for recruitment and training of necessary mental health professionals could be several years.

* Indicates lead responsibility

PREVENTION (CONTINUED)

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
P13 Investigate the feasibility of increasing the number of fellowship training opportunities in child psychiatry, child psychology, and child & family social work. Establish standards for the credentialing of child and family specialists in these professions.	DASG	Oct 86	Includes quantification of need assuming implementation of action P12. Recruitment and training opportunities will have to be examined as to how they impact on current career patterns of mental health professionals.
P14 Review the incentive package for the retention of qualified child mental health professionals.	DASG	May 85	Retention incentive packages will have to be examined as to how they will impact on current career patterns of mental health professionals.
P 15 Review existing leadership training provided in the Army service schools to ensure that students gain a sensitivity to the problem of suicide prevention.	TRADOC	Jul 85	Review to be completed by this date.

DATA COLLECTION

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
D1 Continue to monitor, refine, and report out to appropriate agencies AMEDD suicide data sources.	DASG	Continuous	Ongoing by WFAIR.
D2 Require all suicides of service members and, to the extent possible, those of family members and civilian employees to be reported to DA via the Serious Incident Report (AR 190-40).	DAPE (PEMP)	Dec 84	
D3 Coordinate the planning for a computerized data base for all suicides and suicide-related behavior so that current trends in data may be analyzed, reconciled, and shared with other collection agencies.	DAPE (PEDA)* DAPE (PEMP) DAPC DASG	Apr 85	Date is for initial coordination meeting. Development of the data base will depend on the requirements generated by the agencies concerned.
D4 Explore the possibility of collecting suicide data on family members from CHAMPUS.	DASG	Jun 85	Report to ODCSPER (USADATA) on feasibility by this date.
D5 Investigate and report in accordance with AR 195-2 on all completed suicides of service members and their immediate families which occur on an Army installation and report the investigations of appropriate law enforcement agencies of completed suicides of service members and their immediate families which do not occur on an Army installation.	CIDC	Jan 85	

* Indicates lead responsibility

ANALYSIS OF THE PROBLEM

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
A1 Formalize a DA Suicide Prevention Advisory Committee to be comprised of military and civilian subject matter experts to guide the development and implementation of the Army suicide prevention program.	DAPE (PEDA)	Mar 85	Committee to be constituted IAW appropriate Army Regulations by this date.
A2 Develop a standardized format for conducting medical psychological autopsies within the Army.	DASG* DAPE (PEDA)	Apr 85	Also identify appropriate method of publication of format (i.e., change to AR, etc.).
A3 Require a psychological investigation (psychological autopsy) of the facts surrounding all suicides and attempted suicides of service members which require hospitalization to be completed by a mental health officer as an assistance to the Line of Duty (LOD) Investigating Officer in order to develop probable causes of the event.	DAPC	May 85	To be included in the current revision of LOD regulation.
A4 Sponsor a small Tri-Service conference of military suicide investigators to share information and coordinate research efforts among the services.	DAPE (PEDA)*	May 85	First meeting to be held by this date.

* Indicates lead responsibility

ANALYSIS OF THE PROBLEM (CONTINUED)

<u>ACTION</u>	<u>RESPONSIBILITY</u>	<u>MILESTONES</u>	<u>REMARKS</u>
A5 Coordinate the preparation of a concept paper on a method of conducting an in-depth analysis of the probable causes of suicide and suicide related stress behaviors on selected Army installations.	DAPE (PEDA)* DASG	Jun 85	Concept paper due on this date.
A6 Coordinate the investigation of the relationship between PCS moves and suicide; the lack of "protective effect" of Army membership on female suicide rates; and the role of unit, family, and Army community supports on suicide-related stress behaviors.	DAPE (PEDA)* DASG	Jan 87	Date represents projected date of completion of study. Initial coordination efforts to include a concept paper due in Jan 85.

* Indicates lead responsibility.

LIST OF REFERENCES

1. Redman, R. A., and Walter, L. J., Jr., Suicide Among Active Duty Military Personnel. The Health Studies Task Force, Office of the Assistant Secretary of Defense (Health Affairs), Washington, D.C., July 1985.
2. Department of Health and Human Services, Health, United States, 1984, December 1984.
3. Wood, Major Billy R. "Suicides in the Air Force: An Analytical Study of Trends and Effect Demographic Characteristics Have on the USAF Suicide Rate." Unpublished Air Command and Staff College research study, Air University, Maxwell Air Force Base, Alabama, 1981.
4. McDowell, Charles P. Suicide Among Active Duty USAF Members. Hq, Air Force Office of Special Investigations, Washington, D.C., November 1985.
5. Jones, Lieutenant Colonel Donald E. "An Analytical Study of Suicides in the Air Force: Can They Be Prevented?" Unpublished Air War College research study, Air University, Maxwell Air Force Base, Alabama, 1976.
6. Department of the Army, "United States Army Suicide Status Report". January 1986.
7. Rothberg, Joseph M., Rock, Col Nicholas L., and Jones, Col Franklin Del. "Suicide in United States Army Personnel, 1981-1982". Military Medicine, October 1984, pp. 537-541.
8. "United States Army Guide to the Prevention of Suicide and Self Destructive Behavior". Department of the Army Pamphlet 600-70, US Government Printing Office, Washington, D.C.
9. Mayton, Major James E., Jr. "Suicide Prevention in the Air Force: A Training Guide for Crisis Intervention Service Volunteer Counselors". Unpublished Air Command and Staff College research study, Air University, Maxwell Air Force Base, Alabama, 1977.
10. Blount, Major Charles F. "Crisis Centers: A Need in the Air Force With Emphasis on Suicide". Unpublished Air Command and Staff College research study, Air University, Maxwell Air Force Base, Alabama, 1972.
11. Department of the Army, United States Army Suicide Prevention Plan, February 1985.